Chapter 1
Embodied Therapy for Clients Expressing Gender Variation: Using Creative Movement to Explore and Express Body Image Concerns

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Introduction

Although the terms gender and sex are often used interchangeably, they are different concepts. The term sex is used to refer to the biological indicators that are associated with male or female sex designation, such as genitals and the XX or XY chromosome patterns. The term gender refers to the social presentation of identity that is associated with or attributed to the biological indicators of sex. Gender presentation includes clothing choice, first names, and cultural roles associated with men and women.

At birth gender is assigned based on the apparent biological sex of the baby, but it now seems clear that some percent of the population in virtually all world cultures have the persistent feeling that their assigned gender identity does not accurately reflect their interior experience of gender (Callender & Kochems, 1983; Nanda, 1985; Poasa, 1992; Totman, 2008; Wilson, 1996). Terminology for this experience varies. Within the United States, the term *transsexual* has been used to refer to "individuals with a cross-sex identity" (Bolin, 1992, p. 14). The term *transgender* has been used as a broader term to describe the gender experience of people who identify as transsexual as well as those who do not identify as transsexual, but who nevertheless live, or wish to live, outside of the gender identity associated with their biological sex (Raj, 2002; Newfield, Hart, Dibble, & Kohler, 2006). A person who identifies as transgender may see gender as a choice between identifying as a man and as a woman, but he or she may also see gender identity as shifting and contextual, or as including other options such as androgyny or third gender roles (Bockting, Knudson, & Goldberg, 2006; Etkins & King, 1997). More recently, the term *gender variation* has been used to broadly describe this experience of living or wishing to

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live outside of the gender identity associated with one's biological sex (Hausman, 2001). This chapter will use the terms *transgender* and *people expressing gender variation* interchangeably.

Issues of gender variation necessarily involve the body. The feeling that one's assigned gender identity is inaccurate may initiate a long process of searching for a way to embody the internal experience of gender. Embodying a different gender identity may include changes in clothing, hairstyles, hormone treatment, and surgical interventions (Barrett, 1998; Dozier, 2005; Gagne & Tewksbury, 1999; Rubin, 2003). The medical transition into a new physical representation of gender can be long and full of many possible delays (*The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders & 6th,* 2001). The feeling that one's body does not adequately reflect one's true identity may persist through all of the phases of transition, and perhaps even after medical intervention if secondary sex characteristics have not been completely eradicated (Barrett, 1998; Johnson, 2007; Mason-Schrock, 1996). Supporting transgender people who are in the midst of this transition requires addressing how identity is experienced and expressed in the body and how physical changes to the body can be integrated into an involving, holistic sense of self (Bockting et al., 2006; Raj, 2002).

In order to better understand this aspect of working therapeutically with people expressing gender variation, I conducted a qualitative study using dance/movement therapy with a small group of adults who described themselves as "transgender" and "in transition." What emerged from the study were six common themes of body image that may be applicable to other transgender people who identify as in transition. In this chapter, I will provide a brief description of dance/movement therapy and the theories regarding the development and maintenance of body image that influence my work. I will then discuss the study and its clinical implications. This chapter seeks to provide health care providers who are *not* trained in dance/movement therapy with a better understanding of the role of the body in expressing and experiencing gender and a more nuanced understanding of the body image issues that may emerge during the process of transition. I will also provide some suggestions and parameters for mental health care providers who would like to incorporate some somatic or movement-based interventions into the care that they provide to clients expressing gender variation.

Understanding Dance/Movement Therapy

Definition of Dance/Movement Therapy

Dance/movement therapy (DMT) is an expressive psychotherapeutic technique that uses the relationship between the mind and body to help clients who are working on issues that include body image, the expression and modulation of emotion, and interpersonal comfort (Chaiklin & Schmais, 1993). The primary mode of expression, interpretation, and conflict resolution in dance/movement therapy is nonverbal,

but participants are also encouraged to discuss what is occurring in the session in order to create a cognitive link between their bodily experiences and their feelings (Stark & Lohn, 1993). By engaging the body in the therapeutic process, the dance/movement therapist is able to assist the client in understanding the somatic impact of experiences and emotions, and also help the client become active agent in healing, to literally begin *moving* toward greater integration of mind and body.

While an increasing number of mental health care providers are using some somatic techniques in their practice, the ability to assess mental health and emotional states through movement analysis is part of the unique and extensive training of dance/movement therapists. Movement is meaningful and communicates both the conscious and unconscious. The connection between emotions and the somatic and kinesthetic experiences and expressions of the body was articulated early on in Darwin's study of the physical expression of emotions (1872/1998). He wrote, "Most of our emotions are so closely connected with their expression, that they hardly exist if the body remains passive…" (p. 234). The quality of movement, in addition to the content of movement and its symbolic meaning, reflects the mover's experiences and inner world (Bartenieff & Lewis, 1980; Fischer & Chaiklin, 1993; Kestenberg-Amighi, Loman, Lewis, & Sossin, 1999; Lamb, 1992; North, 1972).

How Dance/Movement Therapy Interventions Complement Talk Therapy

Dance/movement therapy can serve as the primary therapy for people expressing gender variation because dance/movement therapists are trained as counselors in "talking therapy" as well as in movement-based interventions. Dance/movement therapy can also be used as a complementary or adjunct therapy. I have identified three particular features of dance/movement therapy that are particularly helpful to people who identify as transgender and in transition.

Improving Self-Expression and Self-Agency Through Facilitated Creativity

First, dance/movement therapy allows people expressing gender variation to use creative movement to explore and express a sense of self. After clients participating in a dance/movement therapy session have developed a sense of comfort and confidence in movement, the therapist will invite them to make creative movement choices, such as coming up with a movement that represents how they are feeling. The movements that develop may be symbolic or serve as metaphors for important experiences and feelings. The personal meanings of the metaphors can be explored within the session through words as well as through developing and sharing the movements that emerge. In this process, the active body affirms a sense of self, and the movements chosen by the active body affirm self-agency (Meekums, 2005).

Fostering Interpersonal Support and Validation

Second, dance/movement therapy fosters a unique form of interpersonal support and, in a group setting, supports the development of community based on shared movement and kinesthetic empathy. The dance/movement therapist responds to the client on a movement level in addition to a verbal level. Through a process called "empathic reflection," the therapist "incorporates clients' spontaneous expressions into the ongoing movement experience and responds to those expressions in an empathic way" (Sandel, 1993b, p. 98). This may include mirroring the movements or movement qualities of the clients, but it is usually much more than that. The therapist might elaborate on the client's movements or introduce a different action to modulate movement expressions that no longer feel safe for the clients. In the group dance/movement therapy setting, group members gradually take on the role of empathic reflection of one another's movements. A sense of interpersonal support and cohesion develops through synchronized movement, mirroring of movements, and, eventually, empathic reflection among group members (Sandel, 1993b; Schmais, 1998).

Why should nonverbal mirroring be so powerful? As the literature suggests, it harkens back to our preverbal relationships with caregivers. Sensory and motor attunement of the caregiver to the infant gives the child a sense of body (Krueger, 2002b). Without the responsive attunement of the caregiver in movement interactions, the infant will have difficulty integrating his or her bodily experiences into a coherent whole from which to begin building a unified image of the body and sense of self (Stern, 1985). As the therapist nonverbally attunes to the client through mirroring and reciprocating nonverbal cues, he or she recreates the synchrony and reciprocity of the early caregiver-infant bond (Pallaro, 1996; Sandel, 1993a). This can function as a corrective emotional experience, and it can serve to assist the person being mirrored in seeing himself or herself more clearly (Chace, 1993; Fischer & Chaiklin, 1993; Pallaro, 1996; see also Krueger, 2002a; Stern, 1985).

Increasing Somatic Awareness After Body Modification

Third, dance/movement therapy increases somatic awareness, allowing gender variant clients to explore the changing sensations in their bodies during the process of physical transformation, which include not only hormone therapy and surgical interventions but also changes to gait, posture and clothing that affect movement. The usefulness of expressive movement in the context of transgender body image has been presaged by both dance/movement therapy and body image literature that suggest the value of kinesthetic sensations to the creation and maintenance of body image. The integration of sensory modalities, including kinesthetic sensations, may result in a multidimensional and flexible body image. Kinsbourne (2002) notes that coordinated regions of the somatosensory maps, including the tactile, kinesthetic, and vestibular regions, are simultaneously activated to create the experience of body image. As we integrate our sensory experiences into our awareness, we form an image of our body. "Awareness and experience of the body are the original anchors

of our developing sense of self" (Kinsbourne, p. 27). "[M]otion influences body image" (Chace, 1993, p. 357). It "heightens sensation, kinesthesia, and proprioceptive functions in such a way as to make body image a dynamic, rather than static, aspect of self-concept" (Goodill & Morningstar, 1993). In this way, the dance/movement therapy sessions can become part of the discursive process as participants use conscious, expressive movement to reconnect their subjectivity to their changing bodies.

Body Image and Sensory/Motor Awareness

Defining Body Image

Body image has traditionally been defined as the psychological experience or mental representation that one holds of one's own body (Fisher & Cleveland, 1968; Schilder, 1950). In determining whether a person has a healthy body image or poor body image, researchers generally assess the person's perceptual, evaluative, and affective response to his or her body (Thompson & Van Den Berg, 2002). Tests that assess the perceptual component of body image measure the accuracy of a person's internal image of his or her body (Thompson & Gardner, 2002). Tests that assess the evaluative component of body image measure the degree of satisfaction that a person feels with his or her body, and tests of the affective response to body image measure the degree of dysphoria that a person feels due to a lack of satisfaction with his or her body (Thompson & Van Den Berg, 2002). Some quantitative assessment instruments also measure the effect of context on body image (Cash, 2002).

Quantitative tests and surveys have made it possible to measure some aspects of body image. Body image tests can quantify the degree of body image distortion and dissatisfaction, but the tests do not illuminate the nuances of the lived, day-to-day experience of embodiment. In contrast, questions posed by qualitative studies of body image, and by body image theorists, are as follows: How is body image experienced on a day-to-day basis? What factors influence body image formation? What are the meanings that each person assigns to aspects of his or her body? (Dosamantes, 1992; Krueger, 2002a; Pylvanainen, 2006; Rubin, 2003).

A Tripartite Framework for Thinking About Body Image

Dance/movement therapist researcher Pylvanainen (2003) developed a model for thinking about body image that is helpful in conceptualizing body image in qualitative terms. Body image, according to Pylvanainen, is comprised of three elements:

- Image properties: How do you see your body?
- Body-self: How do you inhabit your body as an agent that represents you?
- Body-memories: What experiences are stored in your body?

The first component, image properties, consists of the way in which a person sees his or her body and may incorporate objects such as clothing or jewelry. We gather data about the image properties of our bodies through our vision and also through our somatic and kinesthetic experiences of living in our bodies. Pylvanainen (2006) suggests that image properties are susceptible to coercive social pressures and ideals.

The second element of body image is the "body-self," which is the "core of the self that experiences and interacts" (Pylvanainen, 2003, p. 50). It develops through early, preverbal object relations with one's mother or caregiver, as elaborated upon by Pallaro (1996); it senses, emotes and acts, and develops in relation to others, as elaborated upon by Dosamantes-Alperson (1981). While image properties consist of the mental representation of the body, and any thoughts or feelings that we attach to that image, the body-self is nothing less than the self that moves and creates and relates to other people. Pylvanainen (2006) describes the body-self as holding a "double role" as a "sensing agent" and an "acting agent" (p. 44).

The third element of body image is "body-memory," which consists of memories of all bodily sensations, whether experienced as pleasurable, painful, or routine (Pylvanainen, 2003). It is the "container of past experiences in the body," memories that are "wordless and independent of conscious will" (Pylvanainen, 2006, p. 44). The body-memory dimension of body image is receptive to the external environment and explains how a pleasurable physical experience, or a painful one, can change our overall body image.

This tripartite model of body image allows for the organization of the experience of body image into meaningful and distinct categories, which, in turn, facilitates verbal identification and clarification of bodily experiences and impressions that may otherwise be unnamed or unconscious. In other words, we can work with clients on understanding their body image in these three categories.

Neurological Indicators, Movement-Based Techniques, and Body Image Concerns

While the image properties of body image are largely shaped by our ability to see and visualize our bodies, our total experience of body image is formed by other senses as well. In his theoretical writing on body image, Kinsbourne stated that, on a neurological level, coordinated regions of the somatosensory maps, including the tactile, kinesthetic, and vestibular regions, are simultaneously activated to create the experience of body image. As we integrate our sensory experiences into our awareness, we form an image of our body. "Awareness and experience of the body are the original anchors of our developing sense of self" (Kinsbourne, 2002, p. 27). The view that body image is partially derived from kinesthetic sensations has been adopted by dance/movement therapists. Chace (1993), often considered to be the mother of dance/movement therapy, wrote that "motion influences body image"

(p. 357). Elaborating on this concept, Goodill and Morningstar (1993, p. 25) stated, "Movement heightens sensation, kinesthesia, and proprioceptive functions in such a way as to make body image a dynamic, rather than static, aspect of self-concept." Put differently, the integration of sensory modalities, including kinesthetic sensations, results in a multidimensional and flexible body image, rather than a static, unchanging body image that is equivalent to a photographic representation of the external body.

Theorists have also suggested that kinesthetic sensations alter body image by focusing attention on the subjective experiences of the body and the volitional aspects of the self. In discussing appropriate therapeutic techniques for people overcoming body image disturbances related to prior sexual abuse, Fallon and Ackard (2002) noted that somatic therapies, including dance/movement therapy, may help clients articulate the damage done to their bodies, experience their bodies in a different way, and, in so doing, reclaim their bodies after the abuse. The source of this new experience of the body is not limited to kinesthetic experience. Rabinor and Bilich (2002) suggested that experiential techniques such as dance/movement therapy change body image because the expressive movement increases awareness of emotions that are stored within the body. Likewise, dance/movement therapy increases awareness of somatically felt emotions by directing the client's attention to consciously performed movements and any accompanying thoughts and feelings (Dosamantes-Alperson, 1979). As Kinsbourne (2002) stated in his chapter on the neurological aspects of body image, "Attention amplifies the previously unconscious somatosensory signals" (p. 25). This awareness of somatosensory signals "anchors our developing sense of self" (p. 27). To use Pylvanainen's tripartite framework, the kinesthetic and somatic sensations experienced in the body when we make volitional movements help to form the body-self aspect of body image, in addition to the image properties of body image. Awareness of kinesthetic and somatic sensations also alerts us to body-memories stored within our body.

The Interactive Nature of Body Image Development and Maintenance

Research and theoretical work suggest that body image is formed through the interaction between one's own multisensory perception of one's body and interaction with others within social contexts, beginning with the infant-caregiver relationship (Kinsbourne, 2002; Stern, 1985). In his theoretical exploration of the psychodynamic roots of body image, Krueger (2002b) notes that Freud saw the ego as first and foremost a body ego because the core sense of self begins with the sensation of physical needs (Freud, 1923). Transposing Freud's body ego to object relations theory, Krueger discusses the manner in which caregivers engage in sensory and motor attunement with infants. It is through this attunement that the infant develops an understanding of its body and its boundaries. If the caregiver fails to attune, it is as if the infant is looking into a "foggy mirror," resulting

in body image disturbances (p. 32). According to Stern (1985), an original sense of self develops in the preverbal infant through his or her bodily experiences in movement interactions with the caregiver. Without the responsive attunement of the caregiver in movement interactions, the infant will have difficulty integrating his or her bodily experiences into a coherent whole from which to begin building a unified image of the body or sense of the self. This theoretical framework is partially supported by studies that show that body image dissatisfaction is inversely related to secure attachment styles (Cash & Fleming, 2002).

Several authors and researchers suggest that social interaction continues to be an important factor in the development and maintenance of body image throughout life. Tantleff-Dunn and Gokee (2002) suggest three interpersonal processes that affect body image. First, the internal representation of the body is shaped in part by the verbal and nonverbal feedback that an individual receives from others. Second, the individual also makes social comparisons between his or her body and the bodies of others. Finally, the individual makes assumptions about how others perceive his or her body, a process the authors call reflective appraisal. These three interpersonal processes influence how the individual conceptualizes his or her body image.

The interactive nature of body image has led some researchers and authors to explore the effect of cultural disapproval of a person's body or movement style on the person's development of body image. Dosamantes (1992) notes that a culture may view the bodies and movements of another social group as ugly or unacceptable as a symbolic projection of what the culture most fears or disavows. Members of the marginalized social group may, in response, strive to have the dominant culture see their bodies as acceptable and even desirable. McKinley (2002) developed three 8-item scales designed to measure the degree to which a woman may be affected by the dominant culture's standards of bodily acceptability and desirability. She hypothesized that women develop what she termed "objectified body consciousness (OBC)," which is comprised of three measurable phenomena. First, women conduct varying degrees of self-surveillance by seeing themselves as others see them rather than focusing on their internal experiences. Second, women have varying degrees of acceptance of cultural standards of beauty and varying levels of desire to achieve the cultural standard. Finally, women vary in the degree to which they believe that the beauty ideal is achievable through body modifications and adornment. In a pilot test, she found that high scores in all three areas of OBC were positively correlated with body image dissatisfaction in women. This suggests that body image is directly affected by the internalization of cultural values surrounding the human body and its presentation, but that the degree of influence varies based on several internal variables.

Perhaps due to explicit or tacit acknowledgment of the importance of social interaction in shaping body image, some authors suggest that a supportive therapist-patient interaction can improve body image. Krueger (2002a) hypothesizes that the empathy generated within the therapeutic relationship could provide the client with an intimate relationship in which he or she can experience the bodily sensations associated with body image satisfication. Dance/movement therapists have largely adopted the view that body image is generated through bodily experiences that are

experienced and integrated through interactions with others, with particular focus on the early infant-caregiver interactions (Pallaro, 1996; see also, Dosamantes, 1992; Pylvanainen, 2006). Dosamantes contends that the infant-caregiver relationship gives the child the sense that he or she has a body with boundaries. Chace (1993) believed that body image is a social creation, stating, "We have a normal tendency to elaborate our body images according to the experiences we obtain through the actions and attitudes of others" (p. 363). If others do not exhibit a "meaningful awareness" of a person, that person is likely to develop a "receding body image," which is visible in movement when a person appears to be pulling back or attempting to disappear (p. 352). She suggested that she could generate a sense of bodily integrity and awareness in patients within the group dance/movement therapy session by clarifying, amplifying, and mirroring their movements. Likewise, Pallaro (1996) utilizes an object relations framework to suggest that the dance/movement therapist's use of her body in interaction with her client's body allows the client to rework his or her early object relations, resulting in a more integrated body image.

Transgender Body Image

That transgender people experience some dissatisfaction with their bodies is axiomatic of a circumstance in which the body does not convey the inner experience of the gendered self. Only a few studies address transgender body image per se, but studies exploring satisfaction, self-esteem, and quality of life for transgender people in relation to body modifications and other variables illuminate aspects of transgender body image.

Studies of the effectiveness of sex reassignment surgery cast some light on the question of body image satisfaction (Barrett, 1998; Kraemer, Delsignore, Schnyder, & Hepp, 2008; Pauley, 1981; Snaith, Tarsh, & Reid, 1993; Wolfradt & Neumann, 2001). Kraemer et al. measured body image in pre- and postoperative transgender women using a German body image measure, called the FBeK, and an operational definition of body image that included perceptions, attitudes, and experiences pertaining to one's physical appearance based on self-observation and the reactions of others. The researchers found that preoperative transgender women scored higher than the postoperative transgender women in the areas of insecurity and concern over their physical appearance and lower in the areas of perceived attractiveness and self-confidence.

Wolfradt and Neumann (2001) studied personality variables that included, for example, depersonalization, self-esteem, and body image in 30 postoperative male-to-female transgender women, comparing them to 30 biological women and 30 biological men. All 90 participants filled out questionnaires for (a) the Scale of Depersonalization Experiences (SDPE), (b) Self-Esteem Scale (SES), (c) the Body Image Questionnaire (BIQ), (d) the Gender Identity Trait Scale (GIS), and (e) a question about whether they were generally satisfied with their lives. The researchers found that transgender women did not have higher rates of depersonalization

than biological men and women and that biological males and transgender women scored significantly higher in self-esteem and dynamic body image measures than biological women. No significant differences were found in rejected body image or in general satisfaction with life. This study suggests that sex reassignment surgery for transgender women is associated with body image satisfaction and self-esteem comparable to that of non-transgender people.

With regard to transgender men, Barrett (1998) assessed the benefits of phalloplasty by comparing a group that had undergone the surgery to a group on a waiting list for the surgery. Dependant variables were measured with general health questionnaires, a symptom checklist, a sex role inventory, and the social role performance schedule, as well as information on income, employment, drug use, and self-reported ratings of satisfaction in the areas of genital appearance, sexual function, urinary function, and current relationship status. The post-phalloplasty group showed slightly higher satisfaction with genital experience and in the area of sex roles, and they endorsed more androgynous behaviors than the pre-phalloplasty group. The implications of this study are that phalloplasty does no harm, and that it does some good for some people, but that it is not as successful as male-to-female sex reassignment surgery in improving body image, quality of life, and overall satisfaction with gender experience.

With regard to other medical interventions for transgender men, Newfield, Hart, Dibble, and Kohler (2006) conducted an internet survey of 376 transgender men and found that they reported a significantly lower quality of life than the general population, but that transgender men who received hormone replacement therapy and chest reconstruction surgery reported a significantly higher quality of life than those transgender men who received no medical intervention. This suggests that hormone therapy and chest reconstruction can result in positive changes in quality of life, due perhaps in part to a concomitant change in body image and in the way the transgender man's body is perceived by others.

Qualitative studies involving in-depth interviews, as opposed to questionnaires and surveys, yield richer data about the individual experiences of body image during transition. Wasserug et al. (2007) interviewed 12 transgender women who presented for treatment with antiandrogen and estrogen therapy. Many of the transgender women described starting hormone therapy as a milestone, regardless of the outcome. It dislocated artifacts of masculine gender in an important way, bringing emotional relief even if the results were less than dramatic. Participants noticed changes in face shape, skin softness, fatness of hips, and breast enlargement and reported being highly attuned to each change in their bodies. They also reported a change in sexual stimulation from genital focused to "whole body" (Wasserug et al., p. 114). One participant talked about transition as being "a newborn baby" neither male nor female, but, rather, existing just at the beginning of gender development (p. 116). The intensity and depth of the feelings surrounding hormone therapy described by participants in the Wasserug et al. study highlight an aspect of the subjective experience of transition that is sometimes overlooked: Hormone therapy changes the body in ways that are not predictable. Gherovici (2010) notes that it is impossible to predict what preadolescents will look and sound

like after the hormone changes of puberty and, likewise, transgender people cannot know precisely how hormone therapy will change their bodies. "The sex change decision entails a plunge into the unknown for the transformation keeps a part of mystery" (Gherovici, 2010, p. 239).

Another study that aimed at gathering in-depth details about the experience of transgender women during transition was conducted by Schrock, Reid, and Boyd (2005). Borrowing from the philosophical work of Simone de Beauvoir (1989), the authors adopt the position that the body is a "situation," and that subjectivity is always embodied (Schrock et al., 2005, p. 318). The results of their interviews with nine transgender participants revealed that they saw their bodies not exclusively as a problem but as a resource. They used their bodies to take actions to modify their gender presentation in the areas of "retraining," "redecorating," and "remaking" the body (p. 321). The transgender women labored to change their bodies and described "harvesting the emotional rewards" of that labor (p. 320). In terms of "retraining" the body, participants disclosed that they worked diligently on their speech and movements, practicing emotional expression, role taking, changing their tone of voice, and studying and emulating biological women's postures and gestures. "Redecorating" consisted of changes to clothing, hairstyles, and makeup. Wearing cosmetics, for example, was reported to create a paradox because, on the one hand, it is a mask and, on the other hand, it leads to greater feelings of authenticity because society is more likely to respond to the transgender women as women when they wear it. In terms of "remaking" the body, the transgender women interviewed by Schrock et al. described nonmedical interventions, such as electrolysis to remove hair, losing weight, and allowing upper body musculature to atrophy, as well as hormone therapy and surgical interventions. These modifications required discipline and effort to enact and maintain.

According to Schrock et al., the retraining, redecorating, and remaking processes initially felt like inauthentic expressions of self, rather than a more authentic expression of gender. One noted, for example, that it felt false to change her voice around people who had known her for a long time. Feelings of authenticity and naturalness developed over time as the transgender women developed body-memories of the new ways of moving and vocalizing. Schrock et al. suggest that this transition from feeling inauthentic to authentic implies that, as the body is changed and shaped, it must be re-wed to subjectivity. The labor and practice that this required reconnected their subjectivity to their bodies. The bodywork thus reflected two aspects of the body-self, the body that takes action in the world on behalf of the self and the body that subjectively experiences itself and the world through sensations.

Johnson (2007) interviewed transgender men and transgender women in order to gain a better understanding of how embodiment manifest in their narratives. Johnson found four ways in which changing or modifying the body affects the embodied subjectivity of the transgender participants in the study. First, participants described experiencing new and altered bodily sensations over the course of a long period of time, particularly as estrogen increased feelings of softness and fleshiness or testosterone increased feelings of strength. Second, participants described studying and learning movements that reflect the cultural practice of gender. Third, participants

experienced an inability to completely undo the evidence of their genetic sex. As for the parts of them that indicated their genetic sex, one participant stated, "'I hate those bits'" (Johnson, 2007, p. 65). Finally, participants experienced an inability to completely undo movement and vocal patterns that suggested their genetic sex, after having spent childhood and adolescence learning them. Johnson suggests that postural and gestural practices leave their mark on the body and are difficult to completely reverse. Gender is "displayed and read … through … embodied practices," and the experience of embodiment changes as transgender people work to alter the gender that their bodies and movements display (Johnson, 2007, p. 67).

If body image is shaped in part through our interactions with others throughout our lives, then transgender people find themselves in a uniquely difficult dilemma regarding the formation and maintenance of body image. Body image can be undermined or constricted by others who fail to acknowledge the internal experience of gender identity and, instead, focus on the external presentation of biological sex. As the research on objectified body consciousness discussed above suggests (McKinley, 2002), the cultural context and the verbal and nonverbal responses of others to one's body can alter one's subjective experience of the body. I found no studies surveying the types of verbal and nonverbal feedback transgender and gender variant people receive in contemporary Western culture. Some sense of the feedback that transgender people receive can be found in a short film made by Alexander (2008), which creates an audio-visual collage of samples from over 80 films in which the issue of gender variance is raised and documents the verbal and nonverbal responses of characters to gender variance. Most of the films sampled in Alexander's short film involve a plot in which one of the characters is gender variant and other characters respond to this discovery.

The most common facial expression made in response to a gender variant person is one of contempt or disgust, with the nose wrinkled and the mouth open and drawn downward. Although an open mouth sometimes suggests surprise or astonishment when accompanied by wide eyes and raised eyebrows, in these scenes, the actors furrow their brows and narrow their eyes, facial movements that Darwin (1872/1998) suggests are indicative of contempt, disgust, or anger. Even when the scene is meant to be funny and the actor is laughing at the gender variant person, the nose is wrinkled and the brow is wrinkled in disgust. Some of the faces show anger and the stirrings of rage, with the eyebrows narrowed and the nostrils flared (Darwin, p. 142). With regard to movements in the rest of the body, many of the scenes feature actors who, upon seeing a gender variant person, move with rigidity, cringing or jumping backward. According to Darwin (1872/1998), muscular contractions often manifest fear or horror. In the few scenes where the actors show surprise, it is exaggerated so that they are raising both arms in astonishment, doubling over or stepping back quickly. In several frames, the actors act as if they are about to vomit, or actually vomit. In one scene, the actor burns his clothes and jumps in the shower in response to contact with the transgender person. Another passes out. In other scenes, the actor hits, slaps, or throws something at the transgender character. In others, the gender variant character is strangled, shot, or beaten with a stick.

What Alexander's film so aptly depicts is the disparity between the gender variant person's experience of his or her own body and the feedback the gender variant person gets from a surprised other person. A severe disparity between how others see a person and how the person sees himself or herself can lead to what Rubin (2003) describes in his phenomenological study as alienation. According to Rubin, body image is the product of social interaction, but it is not static. Rather, one's sense of one's body image vacillates between three different points of view. The first point of view is the "body-for-itself," which regards the body from the point of view of the particular, subjective experience of the person. The second point of view is the "body-for-others," which attempts to regard the body as it is seen, touched, and interacted with by others (Rubin, 2003, pp. 26–27). The interaction of the first and second point of view, the "body-for-itself" and the "body-for-others," can be a healthy process, and one that begins infancy, as discussed by object relations theorists such as Dosamantes (1992), Krueger (2002b), Pallaro (1996), and Stern (1985). The third point of view involves regarding one's body as alienated from oneself. Rubin (2003, p. 27) explains that the "alienated body" results from situations in which "the *I* is coerced into taking a viewpoint of the other on its own body." This occurs when one experiences discord between one's subjective experience of one's body and the way in which others see one's body. If this discord is pervasive and intense, a sense of being completely alienated from one's own bodily experiences can develop.

In his interviews with transgender men, Rubin found a pervasive experience of alienation from the body that was partially remedied by body modifications, such as clothing, hormone therapy, and breast removal. A commonality among the participants was that they experienced puberty as a pivotal time when the "bodies they inhabited disfigured their essential male selves" (Rubin, 2003, p. 89). Rubin calls this phenomenon "expressive failure" because their "bodies are failed representations of their core selves." "Expressive failure," he explains, "makes it difficult to achieve intersubjective recognition" (p. 181). By modifying their bodies, they "are repairing the link between their bodies and their gender identity" (p. 144). Body modifications reduced the disparity between self-perception and the perception of others, reducing their experience of alienation from their bodies. Engaging in body modifications restores subjectivity and decreases alienation by altering not only the presentation of the body but also the subjective experience of the body and the manner in which other people respond to the embodied person.

While body modification is one avenue of improving body image, another conceivable avenue would be interpersonal relationships that are supportive of gender variation. Nuttbrock, Rosenblum, and Blumenstein (2002) studied the relationship between social and interpersonal support for the feminine identities of 43 transgender women sex workers and symptoms of depression. Using the CES-D scale, the researcher found a negative and statistically significant correlation between depressive symptoms and the index of friend and family support for gender identity. While the researchers did not examine body image variables, it is possible that reduced rates of depression are correlated with improved self-image and increased comfort with body image.

Also suggesting the importance of interpersonal support to body image is an ethnographic study conducted by Mason-Schrock (1996) in which he joined a transgender support group and participated in some social events with its members. From his observations and interviews with group members, he concluded that the support group format was useful for people transitioning genders because group members offered one another affirmations of gender choice, modeling of embodiment of the desired gender, and guidance to new members. While neither study directly addressed body image, the findings suggest that social support is significant to the formation and maintenance of identity as well as general mental health.

Qualitative Study of DMT Group with Six Transgender Adults

This qualitative study of body image of six transgender adults was conducted at a Gay, Lesbian, and Transgender Community Center (GLCC) in a city on the East Coast in the summer of 2009. The study explored the variations and themes of body image as they were experienced and expressed by six transgender people participating in four group dance/movement therapy sessions. Recruitment flyers were posted at a community-based health clinic and the GLCC and distributed to people participating in transgender support groups at the GLCC by the researcher. Eight people expressed interest in participating in the study. After a telephone interview with each of the eight people who responded to the flyer, six were identified as eligible for the study, interested in participating in the study, and available to attend the dance/movement therapy sessions.

The six adult participants identified themselves as transgender and represented a variety of ages ranging from 39 to 63 years old. Five participants were White, and one participant was African American. Four identified as male-to-female transgender, and two participants identified as female-to-male transgender. They were all adult volunteers from the community who identified as transsexual or transgender and who identified as being in a period of transition, meaning that they were actively in the process of expressing gender transformation through dress, hormone therapy, or other medical interventions.[1] To qualify for admission in the study, participants had to agree to participate in four 1-h long dance/movement therapy sessions in a group setting and a 45-min interview after the final dance/movement therapy session.

Data were collected from three sources: field notes that I took of my observations during the four sessions, movement phrases that the participants created, and interviews that I conducted with the participants following the last session.

Drexel University's Institutional Review Board approved all of the procedures utilized in this study.

The Sessions

Dance/movement therapy group sessions met one night per week for 4 weeks in July 2009. Session 1 was 1 ½ h, the first 45 min of which were spent conducting the

consenting process with each participant out of the presence of the group. Sessions 2, 3, and 4 were approximately 1-h long.

In session 1, after the consent procedures and verbal introductions, I led the participants in an abbreviated version of a traditional dance/movement therapy session, which includes a warm-up, theme development, and closure phase designed to maximize participant expression and initiate participant-driven theme development (Chace, 1993). The warm-up included gentle movements performed in a circle designed to prepare participants physically for movement and also to assist them in transitioning into the group dance/movement therapy process. I asked participants to draw their attention to any physical sensations they had and any emotional sensations that arose in order to awaken the connection between physical and psychological experience. Group cohesion was fostered and facilitated by rhythmic music and synchronous movements. In a short discussion that preceded the movement warm-up in sessions 2, 3, and 4, participants were encouraged to greet one another and were given an opportunity to talk about any events, thoughts, or feelings that may have emerged since the last session (Meekums, 2005).

After the warm-up, I moved the group into the theme development phase of the dance/movement therapy session, which lasted approximately 45 min during all sessions except for the abbreviated movement portion of session 1. During theme development, I led the group by encouraging the development of metaphors and themes that emerged naturally from the group movement expression. In session 1, I introduced a simple theme development exercise to invite a deeper exploration of each participant's individual experience of embodiment. The participants took turns saying their names and creating a "signature movement" to accompany their names. The group then repeated back the name and mirrored back the signature movement. The movements made by each participant were later discussed by the group and also discussed during the exit interviews. Participants made highly creative and diverse signature movements, including, for example, a "flower blossoming," a martial arts move, and typing at a computer. The mood was nervous at first but increasingly playful toward the end. Many of the participants seemed visibly pleased to watch others watch their movements and mirror them back to them.

In session 2, I introduced an inquiry into the meaning of gender in movement. I did this because the participants asked to explore gender in movement during the closing discussion of session 1. In order to explore gender in movement, I taught the Laban Movement Analysis concepts of Effort-Shape and invited participants to try moving with different combinations of Efforts, like Strength or Lightness, Bound Flow or Free Flow, Direct or Indirect motion, and Suddenness or Sustained motion. (Laban Movement Analysis is explained further below.) After they had practiced all of the Effort qualities, I invited them to reflect internally on whether any Effort qualities or combinations felt more comfortable for them and also on whether they associated any Effort qualities with masculinity or femininity. The mood was reflective and somewhat solitary during the movement exercises, but the group regained its feeling of cohesiveness during the discussion after the theme development. At the end of the session, the group discussed their experience with the movements and their ideas about gender and movement.

In session 3, I introduced two movement exercises during the theme development phase of the session. I asked participants to think back to someone from their childhood whose movements captivated them, who they enjoyed looking at and perhaps wanted to emulate. I asked them to embody that person for the group and talk about the significance of that person to them. Participants embodied people such as family members, Vivian Leigh, and the George Jefferson character from the Jeffersons and explained what was meaningful about that person's movement. The group joined each participant in attempting to move in the same way. Then I asked participants to try to embody their "ideal self" and move as their ideal selves would move. Again, each participant took turns showing their movement and talking about its meaning, and the group then mirrored the movement and shared their thoughts and feelings as well.

In the final session, I asked the participants to each come up with their own movement phrase that would represent their embodied sense of themselves sequentially in three states of time: the past, the present, and the future. This was essentially asking them to come up with three movements and put them together in a sequence, like a short choreography or dance. One participant was unable to attend this session, but the five attending participants each made a movement phrase to share with the group. Each participant taught the group how to do the movement phrase, and we all did the phrases together. The mood was intimate and reflective, and the participants appeared to cherish one another's shared movement experiences. After the theme development portion of the session, the group sat down for a long discussion about their experiences moving together during the four sessions.

During all of the group movement activities, I moved with the participants, reflecting the quality of their movements back to them. I did this in order to communicate empathy kinesthetically and also to provide them with the cognitive tool of seeing their movements clarified and amplified by me. Moreover, I encouraged the participants to mirror and reflect one another's movements in order to foster group cohesion and empathy.

Outcomes

After analyzing the qualitative data from my field notes from the sessions, the transcripts of the exit interviews, and the participant movement phrases, I developed a summary of common themes that emerged regarding body image. I provided a summary of the themes and the interviews to each participant and invited them to respond via email or telephone with corrections or additions to the summary. After incorporating their feedback, I concluded that there were six dominant themes and four variant themes that emerged from the study. They are discussed below.

The six themes were common to most participants: (a) the importance of expressing one's true and unique self, (b) supporting one another's efforts to express the true self, (c) the body's experience of violence and discrimination, (d) studying and practicing gendered movements, (e) actively working to shape the body as a vehicle

of self-expression, and (f) joy, relief, and celebration in the gender transition. Each theme is discussed first in terms of the data gleaned from the researcher's observations of the group during the sessions. Then, each theme is discussed in terms of how it was experienced or expressed by participants.

Importance of Expressing One's True and Unique Self

A predominant theme throughout the four sessions was the sense that each person has a unique self and that it is important to express the uniqueness of the self. The group expressed this during the movement exercises in a number of ways. In session 1, I asked each member to create a movement to "go with" their name. Although no member of the group had ever participated in dance/movement therapy before, all participants agreed during the discussion that they liked the opportunity to share a movement expression with the group. Moreover, each participant's movement expression was unique in quality and symbolism. The theme of expressing a unique sense of self was manifest by participant 2 who shared a movement with the group that she described as a flower blossoming by spreading her arms wide and stepping forward. She told the group that this symbolized her feeling that she has blossomed into her true identity after transitioning.

Supporting One Another's Efforts to Express the True Self

Group members actively supported one another's individual expression within the sessions. When, several times each session, the participants returned to the circle to share their movements with the group, other group members made eye contact and verbally praised the participant who presented and mirrored the movement with attention to its feeling quality. Participant 1 was particularly vocal during her interview in expressing how other participants in the dance therapy sessions supported her self-expression. She told me that seeing others mirror the movement phrase that she created to go with her name was "kind of a way of seeing other people celebrate me." She further reported that other mirroring exercises during the sessions allowed her to become aware of her movements and "see the image that I'm projecting." She said, "When people pick up your expression and gestures, it's a way of them showing that they respect and enjoy you." Participant 3, one of two transgender men who participated in the study, reflected on moving with the group and the difficulty he had accepting his body in the past. He said, "For some reason I just sort of healed that wound a little to be a part of the group."

The Body's Experience of Violence and Discrimination

The theme of the body's experience of violence and discrimination emerged in relation to body image during the sessions as both fear for future safety and memories

of past discrimination and violence. The participants discussed and expressed in movement past experiences of violence, discrimination, and loss. These painful experiences usually involved losing love, support, and employment when they revealed (intentionally or otherwise) that they are transgender. Many participants said that their parents had punished them for cross-dressing behaviors when they were children. As adults, several had lost spouses because of the decision to transition. They discussed difficulties finding work and finding accepting communities outside of the transgender community. Participant 4 noted that she feels that she has to be on the defensive much of the time, never knowing how others are going to react or whether she is in danger. During session 4, she expressed this experience of being on the defensive by mimicking dodging bullets or darts. Participant 5 demonstrated the effects and memories of violence on her body in sessions 3 and 4. In session 4, she enacted her mother beating her for wearing panty hose. In session 3, she showed us her way of walking, arms and legs held in so that she appeared narrow, carrying her purse clutched against her body, and barely moving her hips. She told us that she calls it her "easy motivational walk" because it is meant to convey self-confidence to anyone who sees her. "I just have to let them know that I'm not an easy target."

The experience of fear of violence or discrimination also manifest in the sessions in discussions and movements designed to explore "passing." In session 2, the group discussed how, if a transgender man or transgender woman does not pass as his or her gender, he or she may be the victim of discriminatory violence or some other form of discrimination. With regard to other forms of gender-based violence, three of four transgender women expressed fear that they would pass but that they would then be the victims of violence against women, a rape or other form of sexual assault. For at least one of the transgender women, participant 5, this dominated her decisions about how to dress and how to carry herself.

Studying and Practicing Gender in Movement

In session 2, participants discussed practicing gendered movements before and after their transitions. They used the session to reflect on gendered movements, explore them, and reflect on them with one another. Some participants shared that they had to practice gendered movements before their transition because the movements associated with their assigned gender felt so foreign to them. Some participants shared that, in contrast, they had to practice the movements associated with their post-transition gender because they had spent most of their lives moving in ways associated with the gender that they were assigned at birth. Participants showed some concern for whether their movements conveyed their experience of their gender and asked one another for feedback, reassuring one another and offering suggestions. They discussed efforts to pass as a man or a woman by studying the movements of others and consciously embodying those movements. Participant 1 shared with the group during session 2 that she has noticed that women carry themselves differently than men and that she has worked to learn the body language of women, in

part by practicing belly dance. During session 3, she showed the group some of her repertoire of movements derived from belly dance videos that she watches at home. For participant 4, memories of teaching ballroom dance while living as a man were prominent. She remembered wanting to dance the woman's part of the dance with full emotion and commitment, but having instead to teach the woman's part to women in a "mechanical way." During sessions 3 and 4, I observed her dancing the woman's part with elegance and emotion, swaying and allowing her arms to gently extend while she floated across the floor.

Actively Working to Shape the Body as a Vehicle of Self-Expression

The idea that the body requires some work in order to accurately express the person's identity was common to group members. While none of the participants expressed dissatisfaction with their bodies as a whole, many mentioned during the sessions and interviews that they are less than satisfied with certain parts of their bodies because those parts inhibit their self-expression. These areas of the body are often the sites of bodywork that includes dieting, electrolysis, hormone therapy, or surgery. During the dance/movement therapy sessions, participants discussed bodywork that they have done or that they plan to do. They talked of time spent in front of the mirror, grooming, dressing, getting bodywork done, and talking to doctors and other professionals. Their agency in working on their bodies included willingness to engage fully in the exploration of movement, within the dance/movement therapy sessions. Participants infused their movements with meaning by symbolizing important aspects of their lives.

Experiences where the body accurately conveyed the internal experience of gender were discussed as well. Participant 6 reflected on the satisfaction and wholeness he felt the first time he passed as a young man: "I remember how I was standing on the side of the road, getting into the car, getting out of the car, doing everything – everything was perfect. Like, there was no inkling in body or mind of femaleness…. It was like for a few minutes I was a 17-year-old boy and that was what I was supposed to be. All layers were congruent, how I was perceived, how I was perceiving myself, what I was doing, how I was doing it."

Joy, Relief, and Celebration in the Gender Transition

At some point during the sessions, all participants except for participant 3 expressed joy and/or relief over having finally decided to live in accordance with their inner experience of themselves. They spoke of the contrast between living a false or inauthentic life and expressing to the outside world their true inner experience. Several reflected on not wanting to see themselves or be seen by others before their transitions. Participant 4 discussed the theme of joy and relief with the group during the sessions. She said that before transition, she did not want to look in the mirror, even to shave, and she did not want anyone to see her dancing. She told me during the

interview, “When I was strictly male in a male role, I had a shadow that used to follow me everywhere I went…. I could never tell what it was…. But I knew, in a sense that it was the female part of me. When I started transitioning, it kind of disappeared, like it came over inside of me.” In sessions 3 and 4, her joy at having made the transition showed in her ballroom dance movements. She floated and glided on the floor, with her arms open wide and a smile on her face. For participant 5, her movements within all of the dance/movement therapy sessions were confident and energetic, such as jumping side-to-side during session 1 and mimicking playing the guitar in session 3. In her final movement phrase in session 4, she did her version of the Charleston, which she described to the group as a “happy dance.”

Variant Themes: Physical Limitations, Deciding to Transition, and Sexuality

Two participants talked about physical limitations caused by medical conditions. Participant 3 explained to me in his interview that, because of a congenital condition, he experiences weakness and pain in his upper body. He experiences pain and weakness in his arms, which interferes with his ability to see himself as physically strong. He can no longer punch a punching bag and has to limit his participation in martial arts to exclude hand-to-hand sparring. He described feeling “small statured and not flexible. Kind of clumsy. Not real strong, but moving forward.” During the interview, he compared being in a chromosomally female body to the congenital neurological condition, likening his birth sex to a medical condition that is limiting, but that can be at least partially overcome. He described the dance/movement therapy sessions as helping him gain insight into his somatic experiences and to feel more comfortable with his body.

Participant 3 was also the only participant who had not decided whether to transition. During session 4, he showed his internal predicament by walking a tightrope, explaining that one side of the rope was his desire to live as a man and the other side of the rope was his husband, family, job, and community. This vividly illustrated the conflict between self-expression and social pressures to conform.

A third variant theme emerged from participant 5: the desire to control the body’s expression of sexuality. In her interview, she told me that she dresses in an effort to de-emphasize her sexual attractiveness. In session 3, she acknowledged that she walks with her torso and hips almost stationary in order to minimize this area of her body. She discussed experiencing sexual violence both with the group and during our interview.

Discussion and Clinical Implications

The data gleaned from the participants in this qualitative study of body image suggest the potential usefulness of the therapeutic group setting in which transgender people can use both verbal and nonverbal techniques to express and explore body

image issues. As the participants in this study reported, the experience of transitioning to living in a sex other than one's birth sex and a gender other than that associated with one's birth sex can be tied intimately to how one experiences and expresses one's sense of embodiment. Sensations in the body change with hormone therapy, different clothing, and other changes. The internal representation of body image changes as well and is partially dependent on feedback from others. Even after transition seems complete, body-memories from childhood and from the client's past experiences living in accordance with his or her birth sex may emerge. Because the transition is tied so intimately to the subjective experience of embodiment, dance/movement therapy may be particularly helpful.

The literature endorses the usefulness of therapy for some transgender people, as well as the usefulness of peer support during the transition (Bockting et al., 2006; Denny & Roberts, 1997; Ettner, 1996; Rachlin, 2002; Raj, 2002). According to Raj (2002), the function of therapy for the transgender person is similar to that of any person undergoing a major life transition. Raj (2002, Sect. 3.1.1, para. 2) found that therapy helps transgender people "consolidate their gender and sexual identities as transgender women and transgender men, and to enhance self-confidence," and "facilitate identity consolidation and social integration." Raj (2002, Sect. 9.4, para. 2) specifically mentioned "the more 'creative' or interactive interventions," such as "expressive therapy," as potentially effective in supporting transgender people. The few case studies of art therapy with transgender people describe the creation of artwork depicting the presentation of gendered self, concern with appearance, and discrimination, echoing the themes that emerged from this study (Barbee, 2002; Picirillo, 1996; Sherebrin, 1996). Barbee (2002) concludes that art can help integrate inner experience with physical manifestations by providing the visual component of the narrative.

Because dance/movement therapy is a body-based therapy that engages the client or participant in creative, self-directed movement, it offers the additional benefit hoped for by Thomas and Cardona (1997) during the dance lessons offered to Thomas by Cardona. That is, by focusing on the subjective experience of the bodily sensations during expressive movement, the transgender client may increase his or her bodily comfort and awareness. Although it was not the objective of this study to explore the effectiveness of dance/movement therapy for transgender clients, the data suggest that the participants in this study found expressive movement in a group setting to be particularly helpful. They discussed increased awareness and comfort in their bodies as a result of expressive movement and interpersonal support.

The power of movement as tool for integrating new experiences and sensations into one's sense of embodiment is presaged in the body image literature and dance/movement therapy literature. Movement helps create a dynamic body image (Goodill & Morningstar, 1993). Through the movement and verbal components of dance/movement therapy, the participants were able to integrate tactile, visual, proprioceptive, and vestibular information into their experiences of embodiment, as well as interpersonal information through interactions with other participants and with me (Kinsbourne, 2002). Movement helps us focus on our subjective

experiences and helps us express emotions stored in the body (Fallon & Ackard, 2002; Rabinor & Bilich, 2002). Dance/movement therapy increases awareness of somatically felt emotions by directing the client's attention to consciously performed movements and any accompanying thoughts and feelings (Dosamantes-Alperson, 1979). Attention to somatosensory signals "anchors our developing sense of self" (Kinsbourne, 2002, p. 27).

Moreover, the manner in which the dance/movement therapy sessions brought individual expression to the forefront suggests that it may be a useful therapy for transgender people contending with a medical and mental health establishment that, as Hines (2007) found, collapses the differences among transgender people's experiences into one dominant narrative about being "trapped in the wrong body." The felt experience of embodiment, as experienced while engaging in expressive movement, yielded more complex and individualistic data than the idea of being in the "wrong body." The importance of individuality extending beyond gender identity emerged from this study. It is possible that individualistic presentations of self emerged in this study because of the unique nature of dance/movement therapy. The body-self may be uniquely activated by expressive movement. Rabinor and Bilich (2002) suggest that experiential techniques such as dance/movement therapy increase awareness of emotions that are stored within the body. Dance/movement therapy increases awareness of somatically felt emotions by directing the mover's attention to consciously performed movements and any accompanying thoughts and feelings (Dosamantes-Alperson, 1979). Sometimes these emotions lead to the discovery of a body-memory, such as participant 4's memory of her experiences driving race cars or participant 5's experience of being beaten for wearing panty hose as a child. These body-memories are particular to the individual and distinguish the individual's experience from others in the group, heightening a sense of the existence of a unique self. It is perhaps because participants' attention was directed toward sensations and inner experiences, and they were encouraged to be creative in their movement expressions, that this study brought the theme of the importance of individual expression to the forefront.[2]

None of the participants felt that their transitions were complete, and most acknowledged that they were actively engaged in studying and practicing gendered movements and working to change the appearance of their bodies. The dance/movement therapy sessions became part of the bodywork and gender practice of the participants. Within the sessions, participants practiced gendered movements and gave one another verbal and nonverbal feedback reflecting on gender presentation. While all of the participants had previously engaged in some bodywork to make their bodies more congruent with their gender identities, even if it was simply changing their clothing, several described movement as providing another dimension to experiencing the embodiment of gender. Using the sessions to practice and reflect on gender in movement heightened participants' awareness of this aspect of their subjective experiences and expressions of body image.

But some of the participants were also in the process of becoming accustomed to physical changes that they had enacted on their bodies. Participant 6, for example, was a transgender man who had just had chest reconstruction surgery. He described

using the movement portion of the sessions to explore how his body felt after this physical transition. This suggests that an important discursive process occurs that works to shape and reshape the subjective experience of embodiment for people in transition. First, the subjective experience of gender motivates the person to change his or her body and movements to better reflect the subjective experience of gender. But then, at least temporarily, the body feels a little foreign because its appearance has changed. Some sort of process is necessary to re-wed the changed body to the internal, subjective experience of self. At the risk of trivializing the process, an analogy may be helpful. If I get cosmetic surgery to change something about my appearance that distresses me, I may initially feel shocked when I look at myself in the mirror, even though I sought the change so that I could feel more like myself. In order to re-wed my subjective sense of myself to my changed body, I may look in the mirror, practice facial expressions and movement, and try on different clothes. I may have a heightened awareness of other people and attempt to gauge their reactions to me as an indicator of how I appear. In short, I have to learn how to inhabit my changed body privately and in the public sphere. I may initially feel inauthentic and false but, over time, will come to inhabit my changed body so that it may feel more authentic to me than it felt before the surgery.

The discursive process between the changes in the body and a sense of authentic subjectivity has been discussed in several other qualitative studies. Schrock et al. (2005) found that the transgender participants in their study used their bodies to take actions to modify their gender presentation in the areas of "retraining," "redecorating," and "remaking" the body (p. 321). The transgender women in their study reported that the changes to their bodies initially felt inauthentic. Through practice and the passage of time, their bodies began to feel authentic again. Schrock et al. suggest that this transition from feeling inauthentic to authentic implies that, as the body is changed and shaped, it must be reconnected to subjectivity. Changes to the body transform one's subjective experience of oneself, just as the subjective experience of self may prompt a person to make changes to the body (Wasserug et al., 2007). Johnson (2007) also touched upon this discursive process when she asked how physical changes affected the subjectivity of the participants in her study. She found that as participants experienced new body sensations, particularly from hormones, and as they practiced gendered movements, they reflected on the ways in which the body refused to change, including vocal and movement patterns that remained inflexible and certain secondary sex characteristics that remained impervious to efforts to eradicate them.

Participants in the dance/movement therapy sessions also discussed and attempted to navigate secondary sex characteristics and movement patterns that they felt did not represent their true gender identities and that they were still working to eradicate. Nonetheless, the participants did not categorically reject their bodies. Rather, they saw their bodies as vehicles of change and self-expression that required a limited number of corrections. In this sense, this study aligned with Hines (2007) study in that the participants did not feel completely "trapped in the wrong body" while transitioning. Participants described feeling trapped in the wrong body as children, but, as adults, they reported wanting to make a limited number of changes to their

bodies in order to better express and manifest their gender identities. These limited numbers of modifications were designed to cure the "expressive failure" that Rubin (2003, p. 181) described as the central problem of transgender embodiment. The bodywork helps to repair the link between outward appearance and gender identity so that the body better expresses a sense of self.

Perhaps most strongly indicated by the data was the way in which the dance/movement therapy process of mirroring the movements of others provided a unique form of interpersonal validation and support. The importance of interpersonal support to the overall well-being of transgender people has been noted by Bockting et al. (2006), Ellis and Eriksen (2002), and Ma (1997). Mason-Schrock (1996) notes the importance of transgender support groups for guidance, encouragement, and modeling. The dance/movement therapy sessions provided a unique kind of interpersonal support and acceptance through the process of mirroring movements (Sandel, 1993b). Participants commented on their positive experiences with empathic reflection, or mirroring, within the group. They seemed to hunger for good nonverbal feedback. In the dance/movement therapy group setting, participants ideally assume the role of mirroring and reciprocating nonverbal cues along with the therapist. They kinesthetically attune with one another and empathize through synchronized and reciprocal movements. This mirroring is a powerful kind of supportive nonverbal feedback that builds on itself as it develops among group members who begin to look to one another, rather than to the therapist, for feedback.

The kinesthetic empathy and empathic reflection that occurred among group members reaffirmed the importance of interpersonal experiences in the formation of body image, particularly in reducing feelings of alienation from the body that derive from negative interpersonal experiences and dissatisfaction with biological sex. The interpersonal context of the participants' experiences can best be understood using Rubin's (2003) conceptual framework of the body-for-self, body-for-other, and alienated body. The subjective experience of embodiment interacted with a sense of the body as an object that others view and judge. If others respond with ridicule, disgust, or even ambivalence, it can result in feelings of alienation from one's own body. Overwhelming social disapproval for a particular type of body can be damaging to body image resulting in pervasive feelings of alienation (Dosamantes, 1992; McKinley, 2002; Rubin, 2003; Striegal-Moore & Franko, 2002). The interpersonal support within the group reduced the alienation that Rubin (2003) described as a pervasive aspect of body image for transgender people.

The lack of interpersonal support and validation in other areas of the participants' lives was expressed and explored by the participants in movement and in words. Participants reported experiencing violence, the threat of violence, ridicule, hostility, judgment, and discrimination because of their transgender identities, confirming earlier documentation that discriminatory actions against transgender people are common (Bornstein, 1994; Dozier, 2005; Meyerowitz, 2002). All participants had the experience of having their gender identities seen as pathological by family members, employers, spouses, or mental health professionals, reflecting a culture-wide view of transgender identities as pathological or bizarre. Many had caregivers who attempted to cure them in childhood by punishments, sometimes employing violence to force gender conformity.

Lack of acceptance of our identities, the flip side of interpersonal support, can negatively impact the development of body image. Because the nonverbal feedback from others is so pivotal to the development of our sense of embodiment, we may begin to see ourselves only as other people see us, ignoring our subjective experiences of our bodies (Dosamantes, 1992, McKinley, 2002). McKinley calls this an "objectified body consciousness," and Rubin (2003) calls it the "alienated body." In Pylvanainen's (2003) framework, alienated body image is akin to experiencing only image properties, how the body appears on the surface, and not experiencing the body-self or body-memories, how the body feels and acts. This is what participants talked about in their childhood and pre-transition lives when, for example, participant 2 described compartmentalizing her feelings of femininity and living a hypermasculine life as a husband and worker in a traditionally male maritime profession and participant 6 described himself as trying harder to be feminine when, as a child and young adult, feelings of masculinity arose. Participants described trying to control the appearance of their bodies while ignoring or attempting to silence their feelings.

Finally, the dance/movement therapy group context created an environment in which happiness, relief, and joy over the decision to transition could be expressed and shared. While some qualitative studies have noted that even preliminary steps toward transition can bring relief and satisfaction, the dance/movement therapy group invites embodied celebration of these changes (Barrett, 1998; Kraemer et al., 2008; Pauley, 1981; Snaith et al., 1993; Wasserug et al., 2007; Wolfradt & Neumann, 2001). Participants were invited to move freely while listening to music. Movement helps us focus on our subjective experience of our bodies (Fallon & Ackard, 2002) and express emotions stored in the body (Rabinor & Bilich, 2002). This context could have allowed for deeper affective responses than those that might have emerged in a format involving only an interview or a questionnaire. These deep affective responses were experienced and expressed somatically and kinesthetically, and thus integrated into the participants' sense of embodiment.

Creative Movement Techniques for Professionals Without DMT Training

Initiating and Supporting Movement Interventions

It is possible for a counselor who is not trained as a dance/movement therapist to incorporate interventions that include the body in the therapeutic process. Indeed, interventions that engage the somatic and kinesthetic aspects of self may be essential to addressing the body image concerns of some clients who are expressing gender variation. And it is for that reason that I included above details about the specific interventions that I used in the study. Before discussing possible interventions that could be employed by a non-dance/movement therapist, I would like to

briefly discuss some aspects of dance/movement therapy practice that are beyond the competence of a counselor who is not a registered dance/movement therapist.

A counselor who has not been trained as a dance/movement therapist should not attempt to analyze a client's movements in an effort to diagnose or clinically assess the client. Dance/movement therapists are trained at the graduate level to use a variety of nonverbal assessment instruments to standardize the observation and the understanding of the qualities of human movement (Dell, 1977). Extensive training in movement observation, assessment, and analysis prepares dance/movement therapists to assess the mental and emotional state of clients through nonverbal channels. Laban Movement Analysis, for example, is a system developed to discern and describe qualitative aspects of movement. Within Laban Movement Analysis, movement is organized into the categories of Body, Effort, Shape, and Space. Individual movement preferences within these categories reflect the way in which the person copes with the environment as well as his or her internal states. The Body category includes organization and connectivity within the body, the activity of body parts, how movement is initiated and sequenced within the body, and the general body "attitude" (Hackney, 2000). The Effort category refers to six qualities that may be present in any movement or action. For example, consider the action of waving goodbye to someone. The wave may appear strong, light, sudden, slow, tense, relaxed, direct, or indirect. Combinations of Effort qualities can be observed and documented in all movements. The Shape category describes how the body shapes or forms itself in a given environment. The Space category describes how a person makes use of the space around him or her. An assessment of Body organization, Effort qualities, modes of Shape change, and use of Space can illuminate how a person interacts with the environment, as well as how he or she manages feelings, impulses, and thoughts (Bartenieff & Lewis, 1980; Fischer & Chaiklin, 1993; Kestenberg-Amighi et al., 1999; Lamb, 1992; North, 1972).

From the above description of Laban Movement Analysis, I hope to make clear that analyzing mental and emotional states from nonverbal communications is anything but simple and requires specific and extensive training. We, however, all make assumptions based on the movements of others on a day-to-day basis and in our practice. I believe that this is fertile ground for inquiry within the therapeutic relationship. So, rather than characterizing a client's movements or presuming to be able to read the client's "body language," a therapist who is not trained in dance/movement therapy might begin by asking the client what his or her movements or posture means to him or her. A meaningful inquiry can be initiated in which the client can pursue questions like, "Why do I seem to retreat into the armchair when I talk about that?" or "What am I really feeling when I roll my eyes and cross my legs?" If you, the therapist, are moving with the client, or inviting the client to move, nonconclusive observations can also generate inquiry. When a participant in my study imitated ballroom dancing, I remarked afterward, "When you were doing the waltz, I imagined an elegant evening where a couple in formal wear twirls gracefully across the floor. The look on your face reminded me of a feeling of peacefulness. Were you imagining anything? What did it feel like for you?" Another technique, borrowed from the discipline of authentic movement, is to acknowledge what watching the movement

(or mirroring the movement) felt like in the therapist's body. Upon seeing a client take a deep, labored breath, I might say, "When I saw you take that deep breath, I was reminded of times when I felt like I just couldn't find the space to breathe comfortably. Is that what it was like for you?" (Adler, 2002).

A second area of dance/movement therapy practice that may be beyond the competence of a mental health professional with a different background is empathic reflection of movement. As a dance/movement therapist, I often move with the client or clients, reflecting back the qualities of their movements, sometimes clarifying, amplifying, or elaborating on the movements to further the development of the nonverbal themes that are emerging in therapy. Sometimes this looks like mirroring the client's movements, and, to a certain extent, it is mirroring. But the distinction between mirroring and mimicking is very important. If I were to simply mimic the movements of a client, it could be offensive or make the client more self-conscious. So it is more a process of attempting to capture the essence of the quality of the movement and reflect it back in a way that is illuminating to the client. If I feel that I cannot do this in a particular instance, I remain still and receptive. I would encourage non-dance/movement therapists to use movement interventions when appropriate with clients but to be careful about moving with a client. A group therapy setting, however, provides a context where group members can discuss moving together and come up with their own guidelines for reflecting each other's movements.

The effectiveness of introducing movement-based techniques with a client may be partially dependent on the therapist's relationship with his or her body. It is not necessary to be comfortable in one's own body – we all experience some degree of self-consciousness about our bodies. But it is helpful to be aware of our bodies and the attendant feelings of comfort or discomfort. As many mental health practitioners have already discovered, mindfulness of breathing patterns and muscle tension can provide useful information about the way in which events and emotions are experienced and expressed by the body. It is also useful for the therapist to explore movement exercises alone or with a trusted colleague before exploring them with a client. The therapist might, for example, explore a life transition that he or she has undergone by creating a three-part movement phrase for the past, present, and future, just as the participants in this study were asked to do. Or a therapist might spend some time attempting to imitate or embody someone significant from his or her past. Attention to emotions and thoughts that arise during this process can generate insight into the difficulties that arise when attempting to move consciously in response to our feelings and experiences and also highlight the dynamic nature of body image.

The Body and Somatic Experience

What did that feel like in your body? Did you notice anything about your breath? Your heart rate, the tension in your muscles? Where do you feel that? These are questions that will be familiar to many counselors, therapists and other health care

workers. As part of an inquiry into the somatic experience, a therapist could invite a client to take a deep breath, stretch, shake out limbs, and so forth. While this is not necessary, it may be helpful if the therapist is considering inviting the client to move in other ways during the session. The questions can be expanded upon to include questions about distinction: Did you feel differently at that moment than you usually do? What did your body feel like the first time you dressed as a man/woman? Did you notice anything about your breath? Your muscles? Questions about the somatic experience of events can be used in combination with other movement interventions as well. You might ask someone to try a movement that is grounding, or to embody their best selves, and then ask questions about what that movement task felt like on a somatic level. This can help the client monitor his or her own somatic responses and also provide an internal gauge that the client can use in the future. Paying attention to somatic experiences and integrating those experiences into our understanding of ourselves form an important part of body image (body-memories and body-self) and give us a sense of being anchored in our bodies.[3]

Exploring Pedestrian Movements

The idea of dance/movement therapy inevitably leads to images of dancing, but many of the movements that I initiated with the participants allowed them to engage in pedestrian movements, such as walking, sitting down, typing, or driving a car. After moving in these ways, the participants were able to reflect with the group on *how* they had done it and what it felt like. The creativity of the movements is in the details. No one's walk is the same as another person's walk. For the participants in the study, enacting common movements sometimes became explorations of how they moved before the decision to transition and after the decision, or as a child and as an adult. Focusing attention to the movements of everyday life is fertile ground for exploring body image issues and concerns as they emerge regarding gender identity.

Exploring Movements That Tell a Story

In Pylvanainen's tripartite theory of body image, the body-self includes narratives that we create to explain who we are. From my research and the literature, it seems that there is a narrative process that often accompanies physical transition for people who identify as transgender. First and second account narratives can be found in books written by transgender and gender variant people, such as Borstein's (1994) autobiographical *Gender Outlaw*, and literature discussing the perspectives of transgender people, such as Cromwell's (1999) book *Transmen and FTMs* and Namaste's (2000) book *Invisible Lives*. Gherovici (2010, p. 230) notes that transgender and gender variant people have written memoirs with great frequency and queries

whether the memoirs can "function as a process of self-invention for the authors." She argues that the presence of so many memoirs suggests that "it is not enough to undergo corporeal reconstruction" (Gherovici, 2010, p. 233). "There is first a change in the flesh, then the artifice of writing is necessary before a full embodiment is accomplished" (Gherovici, 2010, p. 233).

I am not sure whether it is necessary to write a memoir, but movement, like writing, is one of many creative processes that may be useful in constructing the narrative that allows for a feeling of "full embodiment." During the fourth dance/movement therapy session in the study, I asked the participants to construct a movement phrase that represented the past, present, and hoped-for future of their embodied identities. All participants developed movements that were deeply personal and told unique stories. During the exit interviews, the participants remembered all of the details of their movement phrases and attached meaning to each gesture. It is likely that a body-based narrative such as the ones the study participants created would serve the function of self-invention and facilitate full embodiment.

Facilitating a process in which a client creates a narrative in a movement phrase is a natural part of dance/movement therapy but may feel outside of the ken of a mental health professional with a different background. The creative process can be multimodal. A therapist, for example, could encourage a client to talk, draw, move, and then look at the relationship between the spoken word, the art work, and the creative movements. "Through movement and multimodal art mediums (drawing, poetry, journal writing, music making, singing) we are able to bring forward the material of our lives, reveal what has been hidden, and express old stories in new ways" (Halprin, 2003, p. 21). A therapist may be more comfortable with writing, drawing, photography, music, or poetry. Starting the inquiry at that point and then asking the client if he or she would like to create a movement or pose that reflects the word or image can increase both the therapist and the client's comfort with body-based interventions.

Assessing Distress During Movement Exercises

Working with the body and movement in therapy has the potential to elicit somatic memories that are painful. Rothschild (2000, p. 44) has discussed in depth the idea of implicit memories that "are not encoded as words, but as the somatic sensations they are: smells, sights, sounds, touches, tastes, movement, position, behavioral sequences, visceral reactions." These memories can be elicited and even reexperienced when working with the body. While this can be a valuable component in healing, it can also re-traumatize because of its intensity. Moreover, it can be difficult for both the client and the therapist to know exactly what is happening because it often happens without words and without conscious acknowledgment. Certain movements can trigger flashbacks and traumatic dissociation, and, if this happens, painful sensations from the past may be reexperienced (Rothschild, 2000).

You can observe or ask about physical experiences that indicate that the experience of moving in therapy is getting too intense: increased heart rate, sweaty hands or general sweating, tensing of muscles, or other signs of emotional distress or of the engagement of the autonomic nervous system. By attending carefully to the sensations in his or her own body, the therapist may be able to pick up on the client's somatic experiences of distress. For example, as my client's breathing becomes faster and shallower, I may notice a tightness in my chest. The therapist must have a way to stop the action and get the client back to safety. This may mean returning to talking in a seated position, changing the subject and focusing on something that is anchoring and safe for the client, and so forth.

Movements that are grounding are as follows: breathing, feeling feet on the floor or bottom on the chair, and noting the particulars of the surroundings and verbalizing them. You can also ask a client to visualize a time and place where the client felt safe and grounded and ask them to recreate that feeling within the session.

The awareness that your client builds of his or her somatic sensations may enact its own change upon body image, increasing the client's sense of connection to the body and understanding of the body as a usually reliable barometer of emotion and intuition.

If a client experiences difficulty and discomfort with simple breathing exercises or stretching, I would not move ahead to any kind of deeper movement exploration. I would stay within a zone of safety, focusing on verbal therapeutic techniques and helping the client develop an awareness of his or her somatic sensations like his or her breathing, muscular tension, and so forth.

Special Considerations About Gender and Movement

What does it mean to move like a man or to move like a woman? We take it for granted that men and women have distinctive movements and are able to remark when, for example, a man walks like a woman or a woman sits down like a man. Gherovici (2010, p. 236) notes, "Every day, we make multiple gender attributions that are not based on the genitals, but on other makers of gender differences like clothing, manners, behaviors, and style." Yet research on gender differences in movement has yielded mixed and contradictory results (Bente, Donoghy, & Suwelack, 1998). Even at best, the results must be contextualized depending on whether the circumstances surrounding the nonverbal communication are casual, familial, or professional and how well the parties engaged in the nonverbal communication know each other (Bente et al., 1998; Birdwhistle, 1970; Hall, LeBeau, Reinoso, & Thayer, 2001; Koch, 2006; Lamb, 1992). "When context information is taken into account, many gender differences in nonverbal behavior disappear or change" (Bente et al., 1998, p. 36).

On the other hand, the anthropologist Birdwhistle (1970) notes that lay people assume that they can distinguish masculine from feminine movement patterns and also distinguish feminine behavior in men and masculine behavior in women.

He postulates that our weak sex dimorphism causes us to rely heavily on tertiary sex characteristics, such as "position, movement, and expression," to identify sex (Birdwhistle, 1970, p. 42). Birdwhistle (1970, p. 46) defines tertiary sex characteristics as "learned and patterned communicative behavior which in the American body motion communication system acts to identify both the gender of a person and the social expectancies of that gender." Some of the gender differences that have been studied are the frequency and length of eye contact, the frequency and amount of gross and fine motor movement, the length of pauses when speaking, posture, and smiling behaviors (Bente et al., 1998, Hall et al., 2001).

Dosamantes (1992) discusses an unpublished study by Davis and Weitz that was presented to the American Psychological Association in 1978. The study examined sex differences in nonverbal communication by observing conversations between male and female graduate students. The women used peripheral movement, narrow posture, and continuous orientation toward the speaker. Men used more gross movement, assumed wider and larger positions, used stronger movements, and showed more periods of complete stillness. When women talked to other women, their movements were freer, more expansive, and mutual, but when they talked to men, they moved in ways indicating "lower status," including presenting their palms and narrowing their stance (Dosamantes, 1992, p. 261). Men did not display this variation depending on whom they were talking to.

In a survey of the literature reporting studies on gender differences in nonverbal behavior, Hall (2006) concluded that there is evidence that men and women differ in the areas of smiling, nodding, facial expressiveness, gazing, interpersonal distance, touching of others, self-touch, hand gestures, body postures, and nonverbal expressiveness. On the whole, gender differences that appear in one study, however, disappear in another study if the context or setting is different. She states, "The fact that emotions, goals, and motives may vary dramatically from individual to individual, setting to setting, or study to study greatly reduces the prospects of finding consistent results" (p. 387; see also Hall et al., 2001).

Given the infinite variety of possibilities of movement and the contextual nature of gender displays in movement, it seems an impossible task for someone to simply learn to move as a man or move as a woman. Yet, this is part of the bodywork initiated by transgender people in the qualitative studies described by Johnson (2007) and Schrock et al. (2005). Attempting to train their bodies to embody gender is an action and a physical experience that is part of the body-self component of body image. And questions about accurately conveying gender identity were present throughout the dance/movement therapy group that I conducted.

Many transgender people, however, utilize nonbinary ideals of gender as part of their gender identity. In addition to the endorsement of androgynous personality traits, transgender narratives regarding gender identity often diverge from an endorsement of gender as binary. Finn and Dell (1999) conducted a qualitative study, for example, that explored the nuanced and complex facets of gender identity in seven transgender people. Four transgender men and three transgender women were interviewed, and data were gleaned from the transcripts of the interviews using discourse analysis. The interviewees perceived some fluidity in gender identity, yet

they were confronted with medical and psychological establishments that view any departure from "normal" gender to be pathological, requiring surgical transformation. They felt that the idea of embodying a unique or different gender identity should be thought of as a question of personal choice rather than as a question of mental health. Likewise, Gherovici (2010) reviewed publicized cases in which people who identify as transgender explicitly disavow choosing to be men or women but prefer instead to occupy an intermediate space. The process may involve creating pronouns that are gender neutral, such as *hir*, instead of him or her, and *ze* or *s/he*, instead of he or she (p. 23). The goal then is not to transition to living as a man or a woman, but to find a way to present oneself authentically outside of the gender binary. "For these bodies, arriving at a destination is not always granted or a given" (Gherovici, 2010, p. 39).

Given the vast variety of movement styles that can be considered masculine or feminine and given the variety of gender identities that could be constructed outside of the gender binary of male/female, any attempt to work with a client on how to move like a man or a woman must really be more of a joint inquiry. The therapist can facilitate that inquiry with questions like: What does it means to you to move like a man or woman? What are your earliest memories of women and men and how they moved? Would you like to try moving like that now? How would a woman move in a different context if she were a boss or if she were in an emergency situation? Any other approach risks devolving into stereotypes that do not invite either a deeper understanding of the individual client or the individual client's unique path of personal development.

Conclusion

This chapter discussed a qualitative study of the experience and expression of body image for six transgender adults participating in a series of group dance/movement therapy sessions and the clinical implications of the study. The question posed by the study was driven by the paucity of qualitative research on the subjective experience of embodiment of people who are transitioning gender roles and identities, and from the belief that clinicians serving transgender clients would benefit from a more nuanced understanding of issues of body image and embodiment that may emerge during transition. Indeed, as discussed above, the researcher located only four previous qualitative studies that addressed the subjective experience of embodiment for transgender people (Johnson, 2007; Rubin, 2003; Schrock et al., 2005; Wasserug et al., 2007). This study builds on the results of those studies and adds to this emerging body of research the unique context of the dance/movement therapy setting.

What emerged from the study were six group themes and four variant themes that relate to the experience of the embodied self. Some of the themes reflect the findings in other studies of transgender embodiment, such as "studying and practicing gendered movements" and "actively working to shape the body as a vehicle of self-expression," and add to the understanding of the discursive process between

body image and body modification. The emergence of other themes is more unique to this study, specifically the themes of "the importance of expressing a unique self," "supporting one another's expression of the true self," and "joy, relief, and celebration in the transition." The expressions of joy, relief, and celebration within the group sessions may have been enhanced by the dance/movement therapy context. Movement aids in the discovery and expression of emotions and, thus, in the discovery and expression of the unique emotional responses of the individual (Rabinor & Bilich, 2002). As Darwin (1872/1998, p. 234) noted, "Most of our emotions are so closely connected with their expression, that they hardly exist if the body remains passive…." Moreover, the dance/movement therapy context seems to have provided a unique kind of interpersonal support and acceptance through the process of mirroring movements (Sandel, 1993b). The interpersonal support within the group may have reduced the alienation that Rubin (2003) described as a pervasive aspect of body image for transgender people in his study.

This study was designed to yield detailed information about the subjective experiences of a small group of transgender people. As such, the results should not be generalized to transgender people as a whole. Because the study provides some detail about the subjective experience of body image for a select few people who identified as in transition, it may be applicable in clinical settings in which a therapist is attempting to understand the body image experiences of a client in transition. The data suggest that the transgender people who participated in the study saw their bodies as both agents of change and as imperfect reflections of their true selves. The data also highlight the many ways in which some transgender people work on their bodies, acting as resourceful agents capable of making changes to their bodies and their lives (Rubin, 2003).

As mentioned above, the function of therapy for the transgender person is similar to that of any person undergoing a major life transition – "to facilitate identity consolidation and social integration" (Raj, 2002, Sect. 3.1.1, para. 2). Although it was not the objective of this research to study the effectiveness of dance/movement therapy for transgender clients, the data suggest that the participants in this study found expressive movement in a group setting to be particularly helpful. While the dance/movement therapist is qualified through master's degree level training and a rigorous certification process to use movement as both an assessment tool and as a treatment method, the social worker or mental health practitioner who is untrained in dance/movement therapy may find that body-based interventions are helpful in supporting transgender clients. It is helpful for the therapist to develop awareness of his or her own somatosensory cues and address the movements, posture, and body attitude of the client with open, nonjudgmental interest. If both the therapist and client feel comfortable exploring any of the exercises involving creative movement that I have described in this chapter, it would be wise to leave ample time at the end of the session for a discussion of the client's experiences with the movements. And, finally, consultation with a certified dance/movement therapist may be indicated in circumstances where the therapist and the client decide that in-depth movement-based therapeutic interventions would be helpful.

Notes

1. I did not systematically document whether participants in this study received sex reassignment surgery because participants did not highlight surgical intervention as pivotal to the experience and expression of body image, with the exception of participant 6, who discussed enjoying the feeling of his body after chest reconstructive surgery. Some participants specifically mentioned during their interviews that they hoped to have sex reassignment surgery, but did not express this during the sessions.
2. It is important to note that the movement experientials that I suggested to the participants during sessions 3 and 4 encouraged the exploration of individual narratives rather than the emergence of a shared, group narrative. My choices as the leader of the group encouraged the development of this theme of expressing one's true and unique self. At the same time, I suggested movement experientials that focused on individual self-exploration based on cues that I took from the group during sessions 1 and 2. What emerged in discussion at the end of session 2, however, was that individual participants wanted to share their unique experiences with the embodiment of gender. Moreover, I noted movements in the group that suggested enthusiasm for self-presentation to a supportive audience. My choice of movement experientials aimed at deepening this exploration of individual experience was based on these verbal and nonverbal cues from the group.
3. Further techniques to increase clients' ability to monitor their somatic sensations and use their somatic experiences to feel anchored in their bodies have been discussed extensively by Rothschild (2000), and her writing provides a solid blueprint for the therapist untrained in somatic therapy or dance/movement therapy.

References

Adler, J. (2002). *Offering from the conscious body: The discipline of authentic movement*. Rochester, VT: Inner Traditions.

Alexander, R. (2008). *Equal + opposite.* Unpublished film retrieved from filmmaker at Rahnealexander@gmail.com.

Barbee, M. (2002). A visual-narrative approach to understanding transsexual identity. *Art Therapy: Journal of the American Art Therapy Association, 19(2)*, 53–62.

Barrett, J. (1998). Psychological and social function before and after phalloplasty. *International Journal of Transgenderism, 2*(1). Retrieved January 14, 2012, from http://www.iiav.nl/ezines/web/ijt/97-03/numbers/symposion/ijtc0301.htm.

Bartenieff, I., & Lewis, D. (1980). *Body movement: Coping with the environment*. New York: Gordon and Breach Science Publishers.

de Beauvoir, S. (1989). *The second sex* (H. M. Parshley, Trans.). New York: Vintage Books.

Bente, G., Donoghy, W. C., & Suwelack, D. (1998). Sex differences in body movement and visual attention: An integrated analysis of movement and gaze in mixed sex dyads. *Journal of Nonverbal Behavior, 22*(1), 31–58.

Birdwhistle, R. L. (1970). *Kinesics and context: Essays on body motion communication*. Philadelphia: University of Pennsylvania Press.

Bockting, W. O., Knudson, G., & Goldberg, J. M. (2006). Counseling and mental health care for transgender adults and loved ones. *The International Journal of Transgenderism, 9*(3/4), 35–82. doi:10.1300/J485v09n03_03.

Bolin, A. (1992). Coming of age among transsexuals. In T. L. Whitehead & B. V. Reid (Eds.), *Gender constructs and social issues* (pp. 13–39). Chicago: University of Chicago Press.

Bornstein, K. (1994). *Gender outlaw: On men, women and the rest of us*. New York: Vintage Books.

Callender, C., & Kochems, L. M. (1983). The North American berdache. *Current Anthropology, 24*(4), 443–470.

Cash, T. F. (2002). Beyond traits. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 135–141). New York: Guilford Press.

Cash, T. F., & Fleming, E. C. (2002). Body image and social relations. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 277–286). New York: Guilford Press.

Chace, M. (1993). Selected writings: Body image and physiology. In S. L. Sandel, S. Chaiklin, & A. Lohn (Eds.), *Foundations of dance/movement therapy: The life and work of Marian Chace* (pp. 345–364). Columbia, MD: The Marian Chace Memorial Fund of the American Dance Therapy Association.

Chaiklin, S., & Schmais, C. (1993). The Chace approach to dance therapy. In S. L. Sandel, S. Chaiklin, & A. Lohn (Eds.), *Foundations of dance/movement therapy: The life and work of Marian Chace* (pp. 75–97). Columbia, MD: The Marian Chace Fund of the American Dance Therapy Association.

Cromwell, J. (1999). *Transmen and FTMs: Identities, bodies, genders, and sexualities*. Chicago: University of Illinois Press.

Darwin, C. (1872/1998). *The expression of emotions in man and animals*. New York: Oxford University Press.

Dell, C. (1977). *A primer for movement description using effort-shape and supplementary concepts*. New York: Dance Notation Bureau Press.

Denny, D., & Roberts, J. (1997). Results of a questionnaire on the standards of care of the Harry Benjamin International Gender Dysphoria Association. In B. Bullough, V. Bullough, & J. Elias (Eds.), *Gender blending*. Amherst, NY: Prometheus Books.

Dosamantes, I. (1992). Body image: Repository for cultural idealizations and denigrations of the self. *The Arts in Psychotherapy, 19*, 257–267.

Dosamantes-Alperson, I. (1981). Experiencing movement in psychotherapy. *American Journal of Dance Therapy, 4*, 33–44.

Dosamantes-Alperson, I. (1979). The intrapsychic and the interpersonal in movement psychotherapy. *American Journal of Dance Therapy, 3*, 20–31.

Dozier, R. (2005). Beards, breasts, and bodies: Doing sex in a gendered world. *Gender and Society, 19*(3), 297–316.

Ellis, K. M., & Eriksen, K. (2002). Transsexual and transgenderist experiences and treatment options. *The Family Journal: Counseling and Therapy for Couples and Families, 10*(3), 289–299.

Etkins, R., & King, D. (1997). Blending genders: Contributions to the emerging field of transgender studies. *The International Journal of Transgenderism, 1*(1). Retrieved January 14, 2012, from http://www.iiav.nl/ezines/web/ijt/97-03/numbers/symposion/ijtc0101.htm [cited as http://www.symposion.com/ijt/ijtc0101.htm]

Ettner, R. (1996). *Confessions of a gender defender*. Evanston, IL: Chicago Spectrum Press.

Fallon, P., & Ackard, D. M. (2002). Sexual abuse and body image. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 117–124). New York: Guilford Press.

Finn, M., & Dell, P. (1999). Practices of body management: Transgenderism and embodiment. *Journal of Community and Applied Social Psychology, 9*, 463–476.

Fischer, J., & Chaiklin, S. (1993). Meeting in movement: The work of the therapist and the client. In S. Sandel, S. Chaiklin, & A. Lohn (Eds.), *Foundations of dance/movement therapy: The life and work of Marian Chace* (pp. 136–153). Columbia, MD: Marian Chace Fund of the American Dance Therapy Association.

Fisher, S., & Cleveland, S. (1968). *Body image and personality*. New York: Van Nostrand.

Freud, S. (1923). *The ego and the id*. London: Hogarth Press.

Gagne, P., & Tewksbury, R. (1999). Knowledge and power, body and self: An analysis of knowledge systems and the transgender self. *The Sociological Quarterly, 40*(1), 59–83.

Gherovici, P. (2010). *Please select your gender: From the invention of hysteria to the democratizing of transgenderism*. New York: Routledge.

Goodill, S. W., & Morningstar, D. M. (1993). The role of dance/movement therapy with medically involved children. *International Journal of Arts Medicine, 2*(2), 24–27.

Hackney, P. (2000). *Making connections: Total body integration through Bartenieff Fundamentals*. New York: Routledge.

Hall, J. (2006). Nonverbal behavior, status, and gender: How do we understand their relations? *Psychology of Women Quarterly, 30*, 384–391.

Hall, J. A., LeBeau, L. S., Reinoso, J. G., & Thayer, F. (2001). Status, gender, and nonverbal behavior in candid and posed photographs: A study of conversations between university employees. *Sex Roles, 44*(11/12), 677–692.

The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, 6th ed. (2001). Retrieved January 14, 2012, from http://wpath.org/Documents2/socv6.pdf.

Hausman, B. (2001). Recent transgender theory. *Feminist Studies, 27*(2), 465–490.

Halprin, D. (2003). *The expressive body in life, art, and therapy: Working with movement, metaphor, and meaning*. New York: Jessica Kingsley Publishers, Ltd.

Hines, S. (2007). *Transforming gender: Transgender practices of identity, intimacy and care*. Bristol, UK: The Policy Press.

Johnson, K. (2007). Changing sex, changing self: Theorizing transitions in embodied subjectivity. *Men and Masculinities, 10*(1), 54–70.

Kestenberg-Amighi, J., Loman, S., Lewis, P., & Sossin, K. M. (1999). *The meaning of movement: Developmental and clinical perspectives of the Kestenberg Movement Profile*. New York: Brunner-Routledge.

Kinsbourne, M. (2002). The brain and body awareness. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 22–29). New York: Guilford Press.

Koch, S. C. (2006). Gender and leadership at work: Use of rhythms and movement qualities in team communication. In S. C. Koch & I. Brauninger (Eds.), *Advances in dance/movement therapy* (pp. 40–51). Berlin, Germany: Logos Verlag Berlin.

Kraemer, B., Delsignore, A., Schnyder, U., & Hepp, U. (2008). Body image and transsexualism. *Psychopathology, 41*, 96–100.

Krueger, D. W. (2002a). Psychodynamic approaches to changing body image. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 461–468). New York: Guilford Press.

Krueger, D. W. (2002b). Psychodynamic perspectives on body image. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 30–37). New York: Guilford Press.

Lamb, W. (1992). The essence of gender in movement. In S. Loman & R. Brandt (Eds.), *The body-mind connection in human movement analysis* (pp. 135–151). Keene, NH: Antioch New England Graduate School.

Ma, J. L. C. (1997). A systems approach to the social difficulties of transsexuals in Hong Kong. *The Association of Family Therapy, 19*, 71–88.

Mason-Schrock, D. (1996). Transsexuals' narrative construction of the "true self". *Social Psychology Quarterly, 59*(3), 176–192.

McKinley, N. M. (2002). Feminist perspectives and objectified body consciousness. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 55–62). New York: Guilford Press.

Meekums, B. (2005). *Dance movement therapy: A creative psychotherapeutic approach*. London: Sage Publications.

Meyerowitz, J. (2002). *How sex changed: A history of transsexuality in the United States*. Cambridge, MA: Harvard University Press.

Namaste, V. (2000). *Invisible lives: The erasure of transsexual and transgendered people*. Chicago: University of Chicago Press.

Nanda, S. (1985). The hijras of India: Cultural and individual dimensions of an institutionalized third gender role. *Journal of Homosexuality, 11*(3/4), 35–54.

Newfield, E., Hart, S., Dibble, S., & Kohler, L. (2006). Female-to-male transgender quality of life. *Quality of Life Research, 15*, 1447–1457.

North, M. (1972). *Personality assessment through movement*. London: MacDonald & Evans.

Nuttbrock, L., Rosenblum, A., & Blumenstein, R. (2002). Transgender identity affirmation and mental health. *The International Journal of Transgenderism, 6*(4). Retrieved January 14, 2012, from http://www.iiav.nl/ezines/web/ijt/97-03/numbers/symposion/ijtvo06no04_03.htm [cited as http://www.symposion.com/ijt/ijtvo06no04_03.htm]

Pallaro, P. (1996). Self and body-self: Dance/movement therapy and the development of object relations. *The Arts in Psychotherapy, 23*(2), 113–119.

Pauley, I. B. (1981). Outcome of sex reassignment surgery for transsexuals. *Australian and New Zealand Journal of Psychiatry, 15*, 45–51.

Poasa, K. (1992). The Samoan fa'afafine: One case study and discussion of transsexualism. *Journal of Psychology and Human Sexuality, 5*(3), 39–51.

Picirillo, E. (1996). In search of an accurate likeness: Art therapy with transgender persons living with AIDS. *Art Therapy: Journal of the American Art Therapy Association, 13*(1), 37–46.

Pylvanainen, P. (2003). Body image: A tripartite model for use in dance/movement therapy. *American Journal of Dance Therapy, 25*(1), 39–55.

Pylvanainen, P. (2006). The tri-partite model of body image and its application to experiences in butoh. In S. C. Koch & I. Brauninger (Eds.), *Advances in dance/movement therapy* (pp. 40–51). Berlin: Logos Verlag Berlin.

Rabinor, J. R., & Bilich, M. A. (2002). Experiential approaches to changing body image. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 469–477). New York: Guilford Press.

Rachlin, K. (2002). Transgender individuals' experiences of psychotherapy. *The International Journal of Transgenderism*, *6*(1). Retrieved January 14, 2012, from http://columbia.academia.edu/KatherineRachlin/Papers/167392/Transgender_Individuals_Experiences_of_Psychotherapy [cited as http://www.symposion.com/ijt/ijtvo06no01_03.htm]

Raj, R. (2002). Towards a transpositive therapeutic model: Developing clinical sensitivity and cultural competence in the effective support of transsexual and transgender clients. *The International Journal of Transgenderism*, *6*(2). Retrieved January 14, 2012 from, http://www.iiav.nl/ezines/web/ijt/97-03/numbers/symposion/ijtvo06no02_04.htm [cite as http://www.symposion.com/ijt/ijtvo06no02_04.htm]

Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. New York: W.W. Norton & Company.

Rubin, H. (2003). *Self-made men: Identity and embodiment among transsexual men*. Nashville, TN: Vanderbilt University Press.

Sandel, S. (1993a). Imagery in dance therapy groups: A developmental approach. In S. Sandel, S. Chaiklin, & A. F. Lohn (Eds.), *Foundations of dance/movement therapy: The life and work of Marian Chace* (pp. 112–119). Columbia, MD: Marian Chace Fund of the American Dance Therapy Association.

Sandel, S. (1993b). The process of empathic reflection in dance therapy. In S. Sandel, S. Chaiklin, & A. F. Lohn (Eds.), *Foundations of dance/movement therapy: The life and work of Marian*

Chace (pp. 98–111). Columbia, MD: Marian Chace Fund of the American Dance Therapy Association.
Schilder, P. (1950). *The image and appearance of the human body*. New York: International Universities Press.
Schmais, C. (1998). Understanding the dance/movement therapy group. *American Journal of Dance Therapy, 20*(1), 23–35.
Schrock, D., Reid, L., & Boyd, E. M. (2005). Transsexuals' embodiment of womanhood. *Gender and Society, 19*(3), 317–335.
Sherebrin, H. (1996). Gender dysphoria: The therapist. *Art Therapy: Journal of the American Art Therapy Association, 13*(1), 47–53.
Snaith, P., Tarsh, M. J., & Reid, R. (1993). Sex reassignment surgery: A study of 141 Dutch transsexuals. *The British Journal of Psychiatry, 162*, 681–685.
Stark, A., & Lohn, A. F. (1993). The use of verbalization in dance/movement therapy. In S. Sandel, S. Chaiklin, & A. F. Lohn (Eds.), *Foundations of dance/movement therapy: The life and work of Marian Chace* (pp. 120–135). Columbia, MD: Marian Chace Fund of the American Dance Therapy Association.
Stern, D. (1985). *The interpersonal world of the infant*. New York: Basic Books.
Striegal-Moore, R. H., & Franko, D. L. (2002). Body image issues among girls and women. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 183–191). New York: Guilford Press.
Tantleff-Dunn, S., & Gokee, J. L. (2002). Interpersonal influences on body image development. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 108–116). New York: Guilford Press.
Thompson, J. K., & Gardner, R. M. (2002). Measuring perceptual body image among adolescents and adults. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 135–141). New York: Guilford Press.
Thomas, J., & Cardona, A. (1997). The use of dance/movement in the adjustment to a new gender role. In B. Bullough, V. Bullough, & J. Elias (Eds.), *Gender blending* (pp. 405–412). Amherst, NY: Prometheus Books.
Thompson, J. K., & Van Den Berg, P. (2002). Measuring body image attitudes among adolescents and adults. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 142–154). New York: Guilford Press.
Totman, R. (2008). *The third sex – Kathoey: Thailand's ladyboys*. London: Souvenir Press.
Wasserug, R., Gray, R. E., Barbara, A., Trosztmer, C., Raj, R., & Sindig, C. (2007). Experiences of transwomen with hormone therapy. *Sexualities, 10*(1), 101–122. doi:10.1177/1363460707072957.
Wilson, A. (1996). How we find ourselves: Identity development and two-spirit people. *Harvard Educational Review, 66*(2), 303–317.
Wolfradt, U., & Neumann, K. (2001). Depersonalization, self-esteem and body image in male-to-female transsexuals compared to male and female controls. *Archives of Sexual Behavior, 30*(3), 301–310.